Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

| Date: | <u>5/13/2010</u> | Address: | Peach south of 13 th road |
|---|---|---|--|
| Case #: | <u>24-31504</u> | | Plymouth, IN |
| County: | <u>Marshall</u> | | |
| Type of Laboratory Seizure (check one) ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only) | | Seizure Location (o Residence Outbuilding Vehicle | check all that apply) Hotel/Motel Open – No Structure Other: |
| Items Found: Location (bedroom, kitchen, open air, etc) (check all that apply) Lithium/Ammonia Reaction(s): Red Phosphorous/Iodine Reaction(s): Flammable Solvents: Water Reactive Metal (Lithium): Anhydrous Ammonia: In wooded area Hydrochloric Acid Gas Generator(s): Corrosive Acid: Corrosive Base: | | | |
| Other (item and location): | | | |
| YesNo | er age 18 discovered (check one) (number present) port to Child Protective Services | Ephedrin | e Information e/Pseudoephedrine Tracking Logerchant Tip |
| This report is to be faxed to the following agencies that serve the location: | | | |
| Health Dep | ment: <u>Plymouth Fire</u> artment: <u>Marshall Co.</u> ction Service: <u>N/A</u> | Fax: <u>936-5</u> Fax: <u>936-9</u> Fax: | <u>247</u> |
| For further information regarding this methamphetamine laboratory, contact Investigating Officer: <u>Jason Faulstich</u> Phone <u>1-800-552-2959</u> | | | |

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.